Entered -03-21-01 - sb CL 01L0184 - GWENDOLYN BURNS

01- 2-0861

CLAIM OF:

DIMAGGIO STEFAN SPENCER

332 Meadowood Manor Lithonia, Georgia 30038

For vehicular damages alleged to have been sustained from construction cut in the roadway that was left in an open and unsafe condition on March 4, 2001 at 2500 Peachtree Road, NE.

THIS ADVERSED REPORT IS APPROVED

BY: POSOLIO Kubens Newell

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0184	Date: May 31, 2001
Claimant /Victim DIMAGGIO STEFAN SP	ENCER
BY: (Atty) (Ins. Co.)	
Address: 332 Meadowood Manor, Lithonia, Georgia 3	30038
	645.00 Bodily Injury \$ unspecified
Date of Notice: 3/19/01 Method: W	ritten, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5	Ante Litem (6 Mo.) X
Date of Occurrence 3/4/01 Pl	ace: 2500 Peachtree Road, NE
Department Division	1
Employee involved	Disciplinary Action:
NATURE OF CLAIM: Claimant alleges that his vehicle	sustained damage when he drove through a sink hole in the roadway
	ion. An investigation determined that Atlanta Gas Light Company
	any has accepted liability for the damages and is currently resolving
the claim.	
INVESTIGATION:	
Statements: City employee Claimant	Others Oral Ce Dept Report Other X
Pictures Piagrams Reports: Police	ce Dept Report Other X
Traffic citations issued: City Driver	Claimant Driver
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental	MinisterialOtherX Damages reasonable
Improper Notice More than Six Months	Other X Damages reasonable
City not involved X Offer reje	ected Compromise settlement
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Negligent	Joint Claim Abandoned
	Respectfully submitted,
	MVESTIGATOR - GWENDOLYN BURNS
RECOMMENDATION:	~
Pay \$ Adverse X	Account charged: 1A012J012H01
Claims Manager: 4 Mulle Lu. 4 Car	Concur/date 06-01-01
Committee Action.	Council Action

FORM 23-61

* MY POLICE RIPORT NUMBER 13: # 010631655

COUNCIL OF THE CITY OF ATLANTAIN	RE: CLAIM FOR DAMAGES
COUNCIL OF THE CITY OF ATLANTAR MUNICIPAL CLERK City Hall	TODAY'S Date: 03-15-01
City Hall	1 9 2001 Today's Date:
55 Trinity Avenue, S.W. Atlanta, Georgia 30335	\sim 2415
	ENTERED - 3-21-01 - SB
Dear Municipal Clerk:	01L0184 - GWEN BURNS DECLET
This is to notify the City of Atlanta that I have s	offered damages in the amount sum of \$ 645.00 Decemberry
and/or \$ bodily injury	or which I contend the City is liable.
	5: 15 and 5: 15 and 5: 10 CREPORT OF
1. Date of incident: 03/4/01 (month/day/ year)	2. Time of Incident: 5:15pm 3. Police called: Yes FILE No
4. Location of incident (including street address	: CORNER OF 2500 PEACHTREE ST.
6 Name of your insurance company:	ARK W. INSURANCE Policy No. # GA6279268
	WAS GOING TO LENOX MALL
^	•
	DOWN TOWN ATLANTA. APPROACHED
THE CORNER OF	2500 PEACHTREE STREET, AT NO
	WAL NOTICE. I hIT A PARCE POT hole,
TIT BENT MY FRONT	RIM AND BURST TWO NEW TIRES.)
7 ALL ESTIMATES AND DAMAGES AR	f E SUBJECT TO INSPECTION. $$ THE MAKING OF FALSE CLAIMS WILL
RESULT IN YOUR CLAIM BEING DEN	IED AND MAY RESULT IN CRIMINAL PROSECUTION!
•	
2 The registered owner must make the claim	for vehicle damages, complete the following and attach two (2) estimates of repair and
8. The registered owner must make the claim proof of ownership of your vehicle (copy of t	for vehicle damages, complete the following and attach two (2) estimates of repair and he current tag receipt or title).
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your vehicle: (Make) City vehicle:	he current tag receipt or title). 92 490 YZL DIMAGGIO SPENCER (Year) (Tag Number) (Driver's Name) N/A
proof of ownership of your vehicle (copy of the Your vehicle: (Make)	he current tag receipt or title). 92 490 YZL DIMAGGIO SPENCER (Year) (Tag Number) (Driver's Name) N/A (City Driver's Name) (Department/Bureau) (1970)
your vehicle: (Make) City vehicle:	he current tag receipt or title). 92 490 YZL DIMAGGIO SPENCER (Year) (Tag Number) (Driver's Name) N/A (City Driver's Name) (Department/Bureau) (170) NCER 332 MEADINDAD May. 981-0719
Your vehicle: (Make) City vehicle: (Make) (Make)	he current tag receipt or title). 92 490 YZL DIMAGGIO SPENCER (Year) (Tag Number) (Driver's Name) N/A (City Driver's Name) (Department/Bureau) (1970)
your vehicle: Your vehicle: (Make) City vehicle: (Make) 9. Witness: (Name) 10. The acknowledgment of this claim in no	he current tag receipt or title). 92 490 YZL DIMAGGIO SPENCER (Year) (Tag Number) (Driver's Name) (City Driver's Name) (Department/Bureau) (770) (Address) (Telephone Number) way waives the Sovereign immunity of the City of Atlanta, as granted by
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March 15, 2001

DiMaggio S. Spencer 332 Meadowood Manor Lithonia, GA 30038

I would like to insert additional information for this claim, for the sole purpose of honesty and proof of this claim. I purchased a brand new set of 20" chrome wheels and a set of brand new 245x35x20 tires from: "Turn Key Automotive" located at 3984 Glenwood Rd. Decatur, GA 30032. You may contact Bruce (owner) or Adrian (clerk) at 404-289-1315, between the hours of 10am-6pm Monday-Saturday. They can provide full proof of damaged wheel and re-purchase of a 2nd tire. The set of wheels costed \$1820.00 the set of tires costed \$1,100.00

In addition, it will cost an additional \$160.00 to have my bent Rim repaired.

You may contact "Wheelwizard" wheel repair specialist at 770-451-6333; I called them for an estimate.

In closing, I have spent \$650.00 for this incident with this pothole. Plus an additional \$160.00 to have my wheel repaired. Grand total of \$810.00!

Thank you,

Dimaggio Spencer

By signing this letter, I admit to full truth and honesty to this claim. Sole purpose of this claim is to receive reimbursement of damaged property.